2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N95000000908

Entity Name: PORT ST. LUCIE HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.

Current Principal Place of Business:

1602 SE TRUMPET LANE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

1602 SE TRUMPET LANE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0631528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARRELL, RICKEY L ESQ.
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OWEN, CATHERINE
Address: 1602 SE TRUMPET LANE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP ( ) Delete
Name: SAITTA, WALTER
Address: 551 SE EVERGREEN TERR.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T ( ) Delete
Name: LE BON, CATHY
Address: 2002 SE DOVERBROOK ST.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S ( ) Delete
Name: WILLIAMS, MADELINE
Address: 631 PRESTON LANE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE OWEN P 04/30/2005

Electronic Signature of Signing Officer or Director — Date